STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-5065
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PHIL BREDESEN
GOVERNOR

LESLIE A. NEWMAN
COMMISSIONER

MEMORANDUM

TO: Commissioner Susan Cooper, Department of Health
Fiscal Review Committee

CC: Commissioner Dave Goetz, Department of Finance & Administration
John Morgan, Comptroller
Darin J. Gordon, Deputy Commissioner, TennCare Bureau
TennCare Oversight Committee
Selection Panel for TennCare Reviewers

FROM: Commissioner Leslie A. Newman Leslie A Newman

DATE: May 1, 2007

RE: **Report of Requests for Independent Review Pursuant to the TennCare Prompt Pay Act, Tenn. Code Ann. § 56-32-226(b)(5)**

Please find attached the Annual Report of Requests for TennCare Independent Reviews for calendar year 2006.

Pursuant to the TennCare Prompt Pay Act, Tenn. Code Ann. § 56-32-226(b)(5), the Commissioner of Commerce and Insurance shall report to the Department of Health and to the Joint Fiscal Review Committee the number of requests for TennCare claims review filed for each health maintenance organization operating a TennCare line of business during the prior calendar year and the general outcome of these independent review requests. The Commissioner shall also report the name of any provider whose claim denial is upheld in more than fifty percent (50%) of submitted claim reviews as well as the number of claim reviews lost by that provider.

In addition, the TennCare Prompt Pay Act is applicable to the prepaid limited health service organizations (PLHSOs) participating in the TennCare program pursuant to Tenn. Code Ann. § 56-51-154 so their information is included in this report. Although Doral Dental is not subject by statute to the TennCare Prompt Pay Act, it is included in the report pursuant to its contract with the TennCare Bureau.

If you have any questions, please contact Assistant Commissioner Lisa Jordan, TennCare Division, at (615) 741-2677.

Enclosure

cc: Lisa R. Jordan, Assistant Commissioner, TennCare Division
John Mattingly, Examinations Director, TennCare Division
Patricia L. Newton, Compliance Manager, TennCare Division
Gregory Hawkins, Examinations Manager, TennCare Division
Paul Lamb, Examinations Manager, TennCare Division
TennCare Examiners
Winnie Toler, Chief Network Officer, TennCare Bureau
Candace L. Gilligan, Director, Office of Managed Care, TDMHDD

STATE OF TENNESSEE
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ANNUAL REPORT TO THE DEPARTMENT OF HEALTH AND FISCAL REVIEW COMMITTEE OF REQUESTS FOR TENNCARE CLAIMS REVIEW FOR CALENDAR YEAR 2006

Pursuant to Tenn. Code Ann. § 56-32-226(b)(5):

Number of requests for TennCare claims review filed for each TennCare health maintenance organization (HMO) and behavioral health organization (BHO) during the 2006 calendar year:

Name Of HMO/BHO	Number of Requests	Outcome of Each Request*
Doral Dental of Tennessee, Inc.	2	1 Provider 1 Ineligible
UnitedHealthcare Plan of the River Valley, Inc. Previously named, John Deere Health Plan, Inc.	0	N/A
Memphis Managed Care Corporation d/b/a TLC Family Care	7	1 MCO 4 Provider 2 Ineligible
Preferred Health Partnership of TN, Inc.	24	6 Provider 12 Ineligible 2 Settled
Premier Behavioral Systems of Tennessee, LLC	1	1 Provider
Tennessee Behavioral Health, Inc.	1	1 MCO
UAHC Health Plan of Tennessee, Inc.	3	2 Provider 1 Ineligible
Unison Health Plan of Tennessee, Inc.	53	1 MCO 3 Provider 47 Ineligible
Volunteer State Health Plan Inc. d/b/a TennCare Select and BlueCare	1	1 Ineligible
Windsor Health Plan, Inc. d/b/a VHP CommunityCare	0	N/A
Total Number of Requests	**92**	

Name of provider whose claim denial is upheld in more than fifty percent (50%) of the independent review requests, as well as the number of claim reviews lost by that provider:

Name of Provider	Number of Claims Review and Outcome*
Reflections Treatment Agency	1 Claim Submitted 1 Claim Denial Upheld

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***Description of Outcome Information:**

Ineligible – The independent review request did not meet the statutory guidelines for eligibility. The providers are notified of their ineligible status and are given the opportunity to correct the deficiencies.

MCO – The Independent Reviewer found that the claim was properly denied by the MCO.

Provider – The Independent Reviewer found that the claim was properly filed by the Provider and the claim should be paid by the MCO.

Claim Denial Upheld – The Independent Reviewer found that the MCO properly denied the claim.